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Relief of Congestive
Headaches.

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ON CERTAIN MEASURES FOR THE
RELIEF OF CONGESTIVE HEADACHES.*

BY WILLIAM C. GLASGOW, M.D., ✓

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ONE of the most prominent, and at times the most distressing, symptoms of congestion of the nasal chambers and sinuses is the pain and the sense of constriction of the forehead experienced during the attack, lasting in the acute cases for a few hours; in the more chronic forms it may remain for days, or even weeks. In some cases there is a periodical return, after a longer or shorter interval, the life of the sufferer is rendered almost intolerable, and he is unfitted for any mental or physical activity. If we analyze this pain, we shall find that it is distinctly of two kinds. The one kind gives a dull, heavy sense of fullness, with occasional throbbing over the temple. The other is the sharp, lancinating pain so generally recognized as neuralgia.

At times both varieties of pain are present in the same case; in others they are entirely distinct. In the one case we recognize a fullness or local increase of the tension of the vessels; in the other a distinctly disordered nerve action. Both varieties are often due to the same pathological

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condition of the frontal sinuses, and the relief of the one is often followed by a cessation of the other. I do not, however, in this paper propose to consider the nasal reflexes which are now attracting so much attention, and which are distinctly neuralgic in character, but the pain and sense of constriction arising from an over-distension of the vessels.

This disturbing cause is seen in the frontal headache, browache, or so-called catarrhal headache, radiating from the root of the nose; it may be limited to the forehead; it may be felt as a dull, throbbing pain in the temples; it may give rise to intense dull ocular pain, or, extending over the head, it may be felt in the occipital region, occurring frequently from cold or exposure; we also find it often conjoined with certain vaso-motor disturbances of the mucous membrane. It is frequent at the menstrual epoch, coincident with a turgescence of the cavernous bodies, and it is the cause of many of the so-called nervous headaches, or uterine headaches, with which a similar condition of the cavernous bodies will be found. If we examine the nasal chamber during the attack of congestive headache, we shall find the cavernous bodies in a state of tension; they may not be greatly swollen or enlarged, but to the eye the condition of the mucous membrane is that of tension and fullness. The degree of tension corresponds in a measure with the severity of the headache.

A few years ago I treated these cases with hot alkaline sprays, gently applied, and the use of hot fomentations, combined with the use of the usual constitutional remedies. This mode of treatment has not been altogether satisfactory, and during the past four years I have substituted for it the local abstraction of blood, for which I can allege unqualified success. In many cases there is experienced an immediate relief of the pain, and in all there is a sense of the loosening of the constriction. A simple bleeding may

relieve the headache, or it may have to be repeated in a day, a week, or a month. I have seen but few cases which were not permanently relieved by a bleeding repeated from two to six times.

To produce the bleeding no cut is required. The cavernous body is simply pricked, and the blood flows freely until the excessive tension has been reduced; then it ceases. The amount of blood drawn rarely exceeds one ounce, in many cases it is less than this, and in some cases a single drachm of blood removed will give the requisite relief. In cases of excessive congestion the flow will equal several ounces before it ceases, the quantity of blood being dependent on the distension of the vessels, and this corresponds with the severity of the symptoms. From a normal membrane, or where there is no excessive vascular distension, scarcely a drop of blood will flow from a simple puncture of the membrane such as would produce a free flow in this pathological condition. In cases where the mucous membrane is thickened, a sharper puncture will be necessary to bring blood. A lance-headed probe may be best used in making the puncture, although a sharp-pointed bistoury, or any pointed instrument, will answer. The probe has the advantage that it does not excite the apprehension of the patients, many of whom become nervous at the sight of a knife, and dread the idea of being cut.

The following are given as types of the cases relieved by this method of treatment, and I feel assured that relief would not have been so prompt under any other mode of treatment:

CASE I.—Miss M. F., a nurse, has had persistent headaches for more than a year. They would recur every few weeks, and the attack would continue several days. February, 1886, half an ounce of blood was removed, and this was repeated four times at intervals of ten days. At the last operation the flow con-

sisted only of a few drops; since then she has been entirely free from headaches of this character.

CASE II.—T. R., a merchant, has had attacks of intense frontal pain and constriction, accompanied by orbital and supra-orbital neuralgia, for the past eight years. The distress was so great that he was compelled to remain in bed during the paroxysm, which would usually last four days. As a rule, the paroxysm would occur every three or four weeks. He had tried all manner of drugs and many physicians, but had obtained no permanent relief. The paroxysms occurred more frequently in winter than at the other seasons. Local depletion was practiced during the summer and autumn of 1885 on the commencement of the paroxysms; relief of the throbbing pain and the tightness of the head was always immediate, the neuralgic pains continuing a few hours and then disappearing. During the past winter and spring he has had but one attack, and this promptly subsided after a single bleeding.

CASE III.—Dr. B., a prominent and most intelligent physician of a neighboring town, has for many years been a martyr to congestive headaches and neuralgia. He has suffered so much that he is greatly broken in health and has found great difficulty in continuing his practice. His pains were frontal, with throbbing in the temples, and a dull, heavy aching pain at the occiput. These were frequently combined with severe orbital and supra-orbital neuralgia. When the attack came on he was compelled to give up his duties and to remain in bed; the paroxysm lasted for three to five days. Dr. B. was bled some ten times during the autumn and early winter. Since then he has been entirely free from his headaches and neuralgia, although he has suffered with laryngitis, and he has had a severe attack of bronchitis and rheumatism. This last illness was brought on by exposure during a long night ride in the country, and he states that it would, in former years, have certainly brought on his headache and neuralgia.

CASE IV.—Miss L. E. has had, as a rule, at the menstrual epoch, a severe frontal pain with constriction. The flow is excessive and lasts usually five or six days. She called on me in January of this year, complaining of an intense headache. A

local bleeding, which was repeated the next day, entirely relieved the head, and she stated the flow was less than it had been for many months. The next menstrual period passed without a headache, and she reports that they have been absent to the present date.

CASE V.—Miss S. G., a sufferer with sick-headaches. A local bleeding during the paroxysm gave quicker and greater relief than had ever been attained by the use of numerous remedies which had been tried.

CASE VI.—G. W., a merchant, a sufferer from hay-fever, came to my office during a paroxysm with a most intense sense of constriction of the head and a blinding headache. His face was swollen, with congested eyes and lacrymation. He presented on the whole a most perfect picture of the misery of a congestive headache and the congestive stage of hay-fever. The puncture of the cavernous body allowed the blood to gush out, and the flow continued until some three ounces had passed. Relief of constriction was immediate, the pain was greatly lessened, and the next day he was able to return to his business.

In bringing this remedy for the relief of congestive headaches before you, I may be recommending what some of you have already practiced. Now, if this should be the case, I think the practice is of such value that an additional indorsement is justifiable. Our forefathers undoubtedly made use of it, perhaps not in this manner, but certainly they had the same idea when leeches were applied to the temples or to the nape of the neck. A somewhat similar practice was recently related to me by an old Southern planter, who told me that in the days of slavery, whenever a slave complained of a headache, he would run his penknife into the tip of his nose and the headache would be relieved.



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